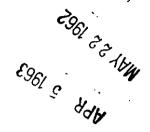
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. 002 Primary Registration District No. 4009 Registrar's No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY b. COUNTY VS 300 admission) AMENDED missour Andrew Rev. 4/59 c. CITY OR TOWN b. CITY (If autside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits TOWN SAUATINAN 33 SAVANNA Yes 😭 No 🛘 c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION d SIDEET 10020 Inside Limits (If outside, give location) Reside on Farm DATE **ADDRESS** Yes⊅C No ⊡ Yes 🔲 No 🖼 1102WAKE 20020 3. NAME OF DECEASED Middle Last 4. DATE Year (Type or print) 1962 10-DEATH 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX Never Married [7] DATE OF BIRTH Months Days Hours Widowed □ Divorced [7] -19-1900 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (City and state or country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Dry Cleaner 14. NAME OF HUSBAND OR WIFE William Frances (Yes, no, or unknown) [(If yes, give war or dates of service) dane 1102 Wakeleels 20 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN OCUMENT ONSET AND DEATH 10 ORD IMMEDIATE CAUSE (a) OTOMAT 11 3:3 OFOMET Conditions, if any. which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. ☐ No ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT UICIDE 19. WAS AUTOPSY HOMICIDE PERFORMED? YES | NO 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED STATE farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK [OR FYPEWRITER **E**A Oct. 2.2 and last saw him alive on 10 y / 0 on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 22a, SIGNATURE 307 W. Main, Javann 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATIO REMOVAL (Specify) (State) AFFIDA ġ Burial TEM 25. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR SAUANNAh (Licensed Embelmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that t	he body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working under my personal s	pervision.	0 L D '/
Student		Signed E. C. Breek
Signature of	Student Embalmer	•
		Licensed Embalmer No. 2650
	•	P. O. Address SAVANNAh mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.